

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

36035

Do not use this space.

1. PLACE OF DEATH **Nov 15 1937**
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1 1008**
 (c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** Registered No. **9612**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **21** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Albert Wiggs**
 (a) Residence, No. **5800 Arsenal** St. **13**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lucille Wiggs**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **X X 1884**
 7. AGE **53** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Auto Worker**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) **Oct. 1936** 11. Total time (years) spent in this occupation **34**
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Benton, Ill.**
 13. NAME **Unknown**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **" "**
 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **" "**

17. INFORMANT **J.G. Sullivan**
 (ADDRESS) **5800 Arsenal St.**
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE **MT. VERNON, ILL.** DATE **OCT. 17** 1937
 19. FUNERAL DIRECTOR **Albert H. Brown Inc.**
 (ADDRESS) **429 N. Euclid Avenue**
 20. FILED **OCT 15 1937** **J.T. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 15, 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **Nov. 5, 1936** to **Oct. 15, 1937**
 I last saw him alive on **Oct. 15, 1937** Death is said to have occurred on the date stated above, at **2:30 A.M.**
 The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset

Other contributory causes of importance:

Emphysema, Central Nervous system

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? **None** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) **Geo. J. Borzalis** M.D., M.D.
 (Address) **5600 Arsenal St.**

STATEMENT BY LICENSED EMBALMER

I, Beng^d C. Duncan, Licensed Embalmer No. 2272
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Beng^d C. Duncan
Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)